MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 29 70

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels X
LENGTH OF STAY (in this place) 8 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels X
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) S. (Last) Bache

4. DATE OF DEATH: (Month) Sept (Day) 19 (Year) 1953

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb. 1 1893
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Bldg. Contractor
11. BIRTHPLACE (State or foreign country): New York City 29
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Leopold S. Bache
14. MOTHER'S MAIDEN NAME: Hattie Stein

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W. I
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Kenneth Bache 530 Wells St. West Field N.J.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 204.1

Immediate cause (a) Leukemia, Chronic, myeloid
DUE TO

Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to 19 Sept, 1953, that I last saw the deceased alive on 19 Sept, 1953, and that death occurred at 8:34 m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Edward C. H. Schmidt M.D. Easton Memorial Hosp. 19 Sept 53

23. ~~BURIAL~~, CREMATION REMOVAL (Specify): DATE THEREOF Sept 21, 1953 NAME OF CEMETERY OR CREMATORY Ferncliff Crematorium LOCATION (City, town, or county) (State) Hartsdale, New York

DATE REC'D BY LOCAL REG. Sept. 20-53 REGISTRAR'S SIGNATURE Mrs Robert R. Seth 24. FUNERAL DIRECTOR S. Hamilton Harrison ADDRESS St. Michaels Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
SEP 22 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09371

Reg. Dist. No. 291

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-52

1. PLACE OF DEATH:

COUNTY Talbot — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels X

LENGTH OF STAY (in this place): 15 Yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Talbot

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels, Md. X

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Laura		Bolden	Sept.	21	19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F	Colored	Married	October	60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housework	-	Virginia 43	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
4 No.		Theodore Bolden

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion acute.	4hrs -
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteria sclerotic Heart Disease	1 year.
	DUE TO (c) Generalized arterio sclerosis	1 year.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
none	none	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
none	none			

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
none M.		none

22. I hereby certify that I attended the deceased from 5-1-, 1953, to 9-21-, 1953, that I last saw the deceased alive on 9-18-, 1953 and that death occurred 9/21/53 10 a.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
William L. Winters	M.D.		

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/25/53	St. Michaels-New	St. Michaels, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 25, 53	Mrs Ralf. R. Seth	Norman D. Marshall	St Michaels, Md

RECEIVED
SEP 28 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09372

CERTIFICATE OF DEATH

Reg. Dist. No. 7-1

DOA: CERTIFICATE APPROVED BY LOUIS WELTY, M.D. - TALBOT HEALTH OFFICER

1. PLACE OF DEATH:
COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels X
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —— X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) E (Last) CHANEY

4. DATE OF DEATH: (Month) Sept. (Day) 3 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: JAN. 18, 1872

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: No

17. INFORMANT & ADDRESS: LENA Nichols - St. Michaels, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

450.0

Immediate cause (a) Cardiac Failure & Decompensation — DUE TO — Interval between onset and death: 6 wks.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerosis; generalized; severe — DUE TO — years.

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from D.O.A., 19....., to....., 19....., that I last saw the deceased alive on 3 SEPT, 1953, and that death occurred at 5:40 A.m., from the causes and on the date stated above.

SIGNATURE Arthur V. McLelland — (DEGREE OR TITLE) M. D. — ADDRESS St. Michaels, Maryland — DATE SIGNED 4 SEPT 53

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE THEREOF 9/5/53 — NAME OF CEMETERY OR CREMATORY St. Michaels Colored — LOCATION (City, town, or county) St. Michaels - Md. (State)

DATE REC'D BY LOCAL REG. Sept 5, 53 — REGISTRAR'S SIGNATURE Mrs Robert R. Sell

24. FUNERAL DIRECTOR Norman D. Marshall — ADDRESS St. Michaels, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 416 8-

RECEIVED
SEP 9 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09373

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 33 — LENGTH OF STAY (in this place) Supe
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD 1 X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 33
STREET ADDRESS (If rural give location) R.F.D. 1

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) T. (Last) Copper
4. DATE OF DEATH: (Month) 9 (Day) 11 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 4-11-1872
9. AGE last birthday: 81 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mathew Copper
14. MOTHER'S MAIDEN NAME: Nannie Doram

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Emma Copper Easton, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

591X

Immediate cause (a) Cerebral hemorrhage — 7 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic parenchymatous Nephritis — 2 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/4, 1953, to 9/11, 1953, that I last saw the deceased alive on 9/11, 1953, and that death occurred at 4 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or Title) Hayward T. Welf, M.D. — ADDRESS Easton, Md. — DATE SIGNED 9/12/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 9-14-53 — NAME OF CEMETERY OR CREMATORY Unionville Cem. — LOCATION (City, town, or county) Easton R.F.D. (State) Md.

DATE REC'D BY LOCAL REGISTRAR 9/13/53 — REGISTRAR'S SIGNATURE N. H. Neerie — 24. FUNERAL DIRECTOR James B. Dashiell, ADDRESS Easton Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 21 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 19374

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 33
LENGTH OF STAY (in this place) 3 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md. 33
STREET ADDRESS (If rural give location) 122 N. Washington St.

3. NAME OF DECEASED: (Type or Print) (First) Cecilia (Middle) Slaughter (Last) Councell
4. DATE OF DEATH: (Month) Sept. (Day) 29 (Year) 1953

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): (circled)
8. DATE OF BIRTH: May 13, 1877
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Talbot
12. CITIZEN OF WHAT COUNTRY? N. D.

13. FATHER'S NAME: Theodore Slaughter
14. MOTHER'S MAIDEN NAME: Mary Henrietta Callahan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: ✓
17. INFORMANT & ADDRESS: Miss. Ethel Councell, Easton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Myocardial Infarction — Interval Between Onset And Death: Few minutes

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary Occlusion — -- ~

DUE TO

(c) Generalized arteriosclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1946, to 9/29, 1953 that I last saw the deceased alive on 9/29, 1953, and that death occurred at 5:30 P.M., from the causes and on the date stated above.
SIGNATURE P. E. Cox (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF Oct 2, 1953 NAME OF CEMETERY OR CREMATORY St. Joseph LOCATION (City, town, or county) Cordova (State) Md
DATE REC'D BY LOCAL REGISTRAR 10/1/53 REGISTRAR'S SIGNATURE N. H. Newnes
24. FUNERAL DIRECTOR [signature] ADDRESS Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 7 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290 — 9375

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Oxford
LENGTH OF STAY (in this place): 6 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oxford, Md.
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) M. (Middle) Chestine (Last) Dize.

4. DATE OF DEATH: (Month) Sept. (Day) 1 (Year) 1953

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: July 18, 1880

9. AGE last birthday: 73 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: John E. Reed.

14. MOTHER'S MAIDEN NAME: Ella N. Bell

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Records.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death: 2

Immediate cause (a) Arteriosclerosis, Generalized — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) ..... DUE TO
(c)

450.0

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Parkinsons Disease — 7

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ,19 52 to 9/1/, 19 53, that I last saw the deceased alive on 8/30, 19 53, and that death occurred at 1 p.m. from the causes and on the date stated above.

SIGNATURE B Cox M.D. (Degree or title) — ADDRESS Easton Md — DATE SIGNED 9/2/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept 3, 53 — NAME OF CEMETERY OR CREMATORY: Riverview — LOCATION (City, town, or county) (State): Wilmington, Del.

DATE REC'D BY LOCAL REGISTRAR 9/2/53 — REGISTRAR'S SIGNATURE N. H. Meeres

24. FUNERAL DIRECTOR: John W. Spicer — ADDRESS: Wilmington, Del.

SPICER

VS. A16

RECEIVED
SEP 9 1953
BUREAU V. S.

Film # G-158 Item # 7 10/9/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 18
HOSPITAL OR ~~INSTITUTION OR STREET ADDRESS~~ Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Tilghman
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Emily (Middle) (Last) Faulkner

4. DATE OF DEATH: (Month) 9 (Day) 28 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: May 5, 1890
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: H.W.
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr Wm Joseph Lowery
14. MOTHER'S MAIDEN NAME: Mary F. Neavett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT & ADDRESS: Mrs Margaret F. Legates

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Edema due to Left Ventricular Failure — Interval Between Onset And Death: 4 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Malignant Hypertensive Arteriosclerotic Heart Disease — 10 yrs
DUE TO (c) Obesity — 20 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/16, 1953, to Sept 28, 1953, that I last saw the deceased alive on 9/28, 1953, and that death occurred at 1:20 pm, from the causes and on the date stated above.

SIGNATURE Lucy B. Rimmer (Degree or title) M.D. ADDRESS Preston Neb DATE SIGNED 9/30/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9/30/53
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REGISTRAR 9/29/53
REGISTRAR'S SIGNATURE N. H. Nedrus
24. FUNERAL DIRECTOR J. Ludwmoore Tilghman
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
OCT 7
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 02
LENGTH OF STAY (in this place) 8da 6hr 20m
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ridgely 05X-
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) (Last) Gannon

4. DATE OF DEATH: (Month) 9-26 (Day) 26 (Year) 1953 20 2 am

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH:
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: H.W.
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr Michael Conley
14. MOTHER'S MAIDEN NAME:

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Mr Edward Gannon (Son) Easton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac failure — Interval Between Onset And Death 3 wks

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic heart disease

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 Sept, 1953, to 26 Sept, 1953, that I last saw the deceased alive on 26 Sept, 1953, and that death occurred at 2 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm M Davison M.D. ADDRESS Easton Maryland DATE SIGNED 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept. 29, 1953
NAME OF CEMETERY OR CREMATORY Ridgely
LOCATION (City, town, or county) Ridgely (State) Md.

DATE REC'D BY LOCAL REGISTRAR 9/27/53
REGISTRAR'S SIGNATURE N. H. Neerees
24. FUNERAL DIRECTOR J. V. Moore & Son, Denton, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 7 1953
BUREAU V. S.

Item 1: film G158 9-17-53 L
FilmG158, Item No.9, 10/20/53

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 210

1. PLACE OF DEATH: COUNTY TALBOT ~~Queen Anne Co.~~ MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~[illegible]~~ Adelphi Ville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS EASTON Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Ohio COUNTY ✓
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Conneaut
STREET ADDRESS (If rural, give location) Lake Erie Street

3. NAME OF DECEASED (Type or Print) (First) Frances (Middle) Elzey (Last) Goodiel
4. DATE OF DEATH (Month) 9 (Day) 7 (Year) 1953
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 4, 1932
9. AGE last birthday ~~xxxx~~ 21 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Milton Elzey
14. MOTHER'S MAIDEN NAME Bessie Wrotten
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Clair Goodiel - Oak Road Cambridge Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

0160 Immediate cause (a) Auto. accident. Broken neck.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture left thigh - fracture right hip

(c) Severe cut under right ear - Preg. 8 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY U.S. #50 (CITY OR TOWN) Centerville, (COUNTY) Queen Anne (STATE) Md.
TIME OF INJURY (Month) 9 (Day) 7 (Year) 53 (Hour) 8 30 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Automobile Collision

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ✓, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ✓, suicide ☐, homicide ☐, undetermined*

SIGNATURE W. Henry Fisher (Degree or title) M. D. Deputy Med. Exam for Q. A. Co. Md. ADDRESS Centerville Md DATE SIGNED 9/7-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/10/53
NAME OF CEMETERY OR CREMATORY ~~Old Family Cemetery~~ Cambridge
LOCATION (City, town, or county) ~~[illegible]~~ (State) Md.
DATE REC'D BY LOCAL REG. 9/8/53
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR LeCompte Funeral Service Comp. ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1

RECEIVED
SEP 14 [illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

00270

Reg. Dist. No 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A18A

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (In this place) Dead
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe
STREET ADDRESS (If rural, give location) Rt 1

3. NAME OF DECEASED (Type or Print): (First) Raymond (Middle) Leary (Last) Goodwin

4. DATE OF DEATH: (Month) 7 (Day) — (Year) 195-

5. SEX

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH 8-7-22

9. AGE last birthday 1 yrs. If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Wilson Leary Goodwin

14. MOTHER'S MAIDEN NAME Agnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH,

5/6 X

Immediate cause (a) Auto accident - Fracture of

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) skull -

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Rt 50

(CITY OR TOWN) Centreville (COUNTY) Queen (STATE) Md

TIME OF INJURY (Month) 9 (Day) 17 (Year) 53 (Hour) 5 a.m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Collis.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. Henry Fisher M.D. Deputy Med. Exam for 2a Co Md Centreville md died @ stn 9/7-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial ☑ DATE THEREOF 9/10/53 NAME OF CEMETERY OR CREMATORY Old Trinity Cemetery LOCATION (City, town or county) Bayridge (State) Church Creek, Md

DATE REC'D BY LOCAL REG. 9/8/53 REGISTRAR'S SIGNATURE N.A. Nevins FUNERAL DIRECTOR LaCompte Funeral Service ADDRESS Cambridge, Maryland

RECEIVED
SEP
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Md — LENGTH OF STAY (in this place) 4
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grasonville Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) (Middle) (Last) Hammond — 4. DATE OF DEATH: (Month) 9 (Day) 21 (Year) 1953

5. SEX: Female — 6. COLOR OR RACE: Col. — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single — 8. DATE OF BIRTH: 9-17-53 — 9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months 5 Days — IF UNDER 24 HRS.: Hours 9 Min 5

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): — 10b. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME: George Marion Griffin — 14. MOTHER'S MAIDEN NAME: Hilda Vista Hammond

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: — 17. INFORMANT & ADDRESS: Hilda Hammond - Grasonville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7716X

Immediate cause (a) Prematurity (1st 3rd) — Interval Between Onset And Death: 5 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes X No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-17, 1953, to 9-21, 1953, that I last saw the deceased alive on 9-21, 1953, and that death occurred at 7:35 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John S Baylutt MD 214 Dover St Easton Md 9/20/53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremated — DATE THEREOF 9/24/53 — NAME OF CEMETERY OR CREMATORY Memorial Hospital — LOCATION (City, town, or county) Grasonville, Md (State)

DATE REC'D BY LOCAL REGISTRAR 9/22/53 — REGISTRAR'S SIGNATURE N. H. Meeres

24. FUNERAL DIRECTOR ~~John D. Caldwell~~ Memorial Hospital — ADDRESS per Earl Brown E. Easton Md

VS. 10-1

20931 4240

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospt

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Calhoun
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
STREET ADDRESS (If rural give location) ~~Easton~~ ~~Md~~ Fed. Md

3. NAME OF DECEASED: (Type or Print) (First) Carolyn (Middle) Faye (Last) Haynes

4. DATE OF DEATH: (Month) ~~Sept~~ (Day) 24 (Year) 1953

5. SEX: F
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: Aug 4. 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 1 Days 14 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Federalsburg, Md.
12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME: Harding Rudolph Attis
14. MOTHER'S MAIDEN NAME: Ella Louise Haynes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Federalsburg Md - Louise Haynes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

571.0

Immediate cause (a) Malnutrition, Dehydration, — Interval Between Onset And Death: 6 wks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Diarrhea, — ?

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-22, 1953, to 9-24, 1953, that I last saw the deceased alive on 9-24, 1953, and that death occurred at 1:25 P.M., from the causes and on the date stated above.

SIGNATURE John E Baybutt (Degree or title) MD ADDRESS 214 Dover St Easton Md DATE SIGNED 9/25/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9/26/53
NAME OF CEMETERY OR CREMATORY Federal Hill
LOCATION (City, town or county) (State) Federalsburg Md

DATE REC'D BY LOCAL REGISTRAR 9/25/53
REGISTRAR'S SIGNATURE N.H. Neeres
24. FUNERAL DIRECTOR J J Frampton Son ADDRESS Federalsburg Md.

4083193404

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED

BUREAU V. S.

Item 7 Film P158 9/23/53 mnt

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 291

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels,
STREET ADDRESS (If rural, give location) Chestnut Street

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) B. (Last) Hunt

4. DATE OF DEATH: (Month) Sept. (Day) 17 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, ~~(Specify)~~: Widowed

8. DATE OF BIRTH: July 16, 1866

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith

10b. KIND OF BUSINESS OR INDUSTRY: Same

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter Hunt

14. MOTHER'S MAIDEN NAME: Sarah Stocker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Josephine Harrison

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 422.1

Immediate cause (a) uremia — Interval Between Onset and Death: 1 wk

Antecedent cause(s) DUE TO (b) chronic cardiac failure — 1 yr

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c) arteriosclerotic cardiovascular d.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — M.

INJURY OCCURRED While at work ☐ ~~Not while~~ at work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 9-19, 1952 to 9-17, 1953, that I last saw the deceased alive on 9-17, 1953 and that death occurred at 6:30 p.m., from the causes and on the date stated above.

SIGNATURE Guy W Reeser Jr (DEGREE OR TITLE) MD ADDRESS St Michaels Md DATE SIGNED 9-18-53

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF 9/19/53 NAME OF CEMETERY OR CREMATORY Olivet LOCATION (City, town, or county) St. Michaels (State) Md.

DATE REC'D BY LOCAL REG. Sept 19, 53 REGISTRAR'S SIGNATURE Mrs Robert L. Beck

24. FUNERAL DIRECTOR Norman D. Marshall ADDRESS

RECEIVED
SEP 21 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 22
LENGTH OF STAY (in this place) 4 days 11 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Annes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grasonville 17
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Alice (Middle) Elizabeth (Last) Hunter
4. DATE OF DEATH: (Month) 9 (Day) 12 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Feb 8, 1888
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Retail Store
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert Stranahan
14. MOTHER'S MAIDEN NAME: Minnie Callahan

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No: None
17. INFORMANT & ADDRESS: Jane E. Hunter Grasonville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1

Immediate cause (a) Ruptured myocardium

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Myocardial infarction

DUE TO

(c) Coronary Thrombosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 Sept, 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on 12 [illegible], 19[illegible], and that death occurred at [illegible] from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept 14/53
NAME OF CEMETERY OR CREMATORY Chesterfield
LOCATION (City, town, or county) Centreville (State) Md
DATE REC'D BY LOCAL REGISTRAR 9/13/53
REGISTRAR'S SIGNATURE N. H. Norris
24. FUNERAL DIRECTOR Barton Bros ADDRESS Centreville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
SEP 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 741

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tilghman X
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS ~~Robert~~ X

2. USUAL RESIDENCE (HOME) OF DECEASED: Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tilghman
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) T. (Last) James
4. DATE OF DEATH: (Month) 9 (Day) 26 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify):
8. DATE OF BIRTH: 3-29-1894
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman
10b. KIND OF BUSINESS OR INDUSTRY: oyster
11. BIRTHPLACE (State or foreign country): Tilghman Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Henry James
14. MOTHER'S MAIDEN NAME: Belle Cooper
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: 220-12-2151
17. INFORMANT & ADDRESS: Mrs. Carrie James

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

Immediate cause (a) Coronary [illegible] — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Coronary disease [illegible] — [illegible]

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. [illegible]

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19.. to Sept 26 1953, that I last saw the deceased alive on Sept 24, 1953, and that death occurred at 9:15 P.M., from the causes and on the date stated above.

SIGNATURE [illegible] (DEGREE OR TITLE) ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION ~~REMOVAL (Specify)~~: DATE THEREOF 9/29/53 NAME OF CEMETERY OR CREMATORY Tilghman Meth. LOCATION (City, town, or county) Tilghman Md (State)

DATE REC'D BY LOCAL REG. Sept 28, 1953 REGISTRAR'S SIGNATURE Mrs Robt L. Seth
24. FUNERAL DIRECTOR J. Reed Moore ADDRESS Tilghman

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
SEP 29 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09385

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
STREET ADDRESS (If rural give location) 9. Hanson St.

3. NAME OF DECEASED: (Type or Print) (First) Medford (Middle) N. (Last) Jones

4. DATE OF DEATH: (Month) 9 (Day) 18 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: 3-6-79
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr. Joseph H. Jones
14. MOTHER'S MAIDEN NAME: Martha Warner

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: unknown
17. INFORMANT & ADDRESS: Mr. Clifford G. Jones - son - same address

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
162 X
Immediate cause (a) Bronchogenic Carcinoma
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death: 1 year

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1953, to Sept. 18, 1953, that I last saw the deceased alive on Sept. 18, 1953, and that death occurred at 7:25 A.M. from the causes and on the date stated above.
SIGNATURE Donald F. Bartley (Degree or title) M.D. ADDRESS Easton, Md. DATE SIGNED 9-18-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept 21, 1953
NAME OF CEMETERY OR CREMATORY Springhill
LOCATION (City, town, or county) Easton (State) Md
DATE REC'D BY LOCAL REGISTRAR 9/19/53
REGISTRAR'S SIGNATURE N. H. Nearius
24. FUNERAL DIRECTOR Maurice E. Neuman & Son ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
BUREAU V. S.

Item 1: Film [illegible] 9-17-[illegible] L
Item 9 Film [illegible], 10/[illegible]/53

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Queenanne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penn. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Altoona
STREET ADDRESS (If rural, give location) 513 22 ave.

3. NAME OF DECEASED (Type or Print) (First) Jean (Middle) Lenzorone (Last) Lemberling
4. DATE OF DEATH (Month) 9 (Day) 7 (Year) 1953
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 5/25/29
9. AGE last birthday 26 24 hrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) N.W.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Altona Penn.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Robert Lazorone
14. MOTHER'S MAIDEN NAME Jean Maggio
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 128-22-0380
17. INFORMANT AND ADDRESS Mr. George Lemberling. Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Auto accident - Broken neck —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Two severe cuts on forehead & on right knee

(c) Pregnant 6 mos.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY State Road
(CITY OR TOWN) Centreville, (COUNTY) Queenanne (STATE) Md.
TIME OF INJURY (Month) 9 (Day) 7 (Year) 53 (Hour) 8 34 am.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Automobile Collision

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE W. Henry Fisher M.D. (Degree or title) ADDRESS Centreville Md. - Deputy Med. Exam for 2 [illegible] DATE SIGNED 11-7-53

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 9-8-53
NAME OF CEMETERY OR CREMATORY Farmingdale L.I.
LOCATION (City, town or county) Farmingdale L.I. (State) NY
DATE REC'D BY LOCAL REG. 9/8/53
REGISTRAR'S SIGNATURE N. H. Neeri [illegible]
24. FUNERAL DIRECTOR [illegible] ADDRESS Centre Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH:
COUNTY TALBOT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NR. Tilghman
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tilghman X
STREET ADDRESS (If rural, give location) AVALON P.O.

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) STEWART (Last) LARRIMORE SR.
4. DATE OF DEATH: (Month) 9 (Day) 1 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: August 23, 1886
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FISHERMAN
10b. KIND OF BUSINESS OR INDUSTRY: COMMERCIAL SEAFOOD
11. BIRTHPLACE (State or foreign country): Tilghman Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Addison LARRIMORE
14. MOTHER'S MAIDEN NAME: ANNA L. NEAVITT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 NO. (If Yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Edward S. Larrimore Jr. Avalon Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 929.8
Immediate cause (a) ACCIDENTAL DROWNING
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Knapps NARROWS (CITY OR TOWN) Tilghman (COUNTY) Talbot (STATE) Md
TIME OF INJURY (Month) 9 (Day) 1 (Year) 53 (Hour) c 8P M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at c 8P m., from the causes and on the date stated above.

SIGNATURE Louis S. Wetty MD. (DEGREE OR TITLE) D.M.E. ADDRESS Easton Md DATE SIGNED 9-7-53

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF Sept 4, 1953
NAME OF CEMETERY OR CREMATORY Tilghman Church Cemetery
LOCATION (City, town, or county) Tilghman (State) Md

DATE REC'D BY LOCAL REG. Sept 3, 1953
REGISTRAR'S SIGNATURE Mrs Robt L. Seck
24. FUNERAL DIRECTOR V. Hambleton Harrison, ADDRESS St. Michaels Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-115 8-51

RECEIVED
SEP 4 1953
UREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural give location) 427 North Street

3. NAME OF DECEASED: (Type or Print) (First) Oliver (Middle) (Last) Lemax

4. DATE OF DEATH: (Month) 9 (Day) 26 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 4/6/16

9. AGE last birthday: 37 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Foreman

10b. KIND OF BUSINESS OR INDUSTRY: C+P Telephone Co.

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Harrison Bateman Lemax

14. MOTHER'S MAIDEN NAME: Ester Harrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unk. (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: ?

17. INFORMANT & ADDRESS: Mrs. Oliver Lemax - 427 North St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Myocardial Infarction — Interval Between Onset And Death: 3 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Coronary Occlusion — 3 hrs

DUE TO (c) Arteriosclerotic Coronary Disease — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/24 9:00 AM, 1953, to 9/26 11:00 AM, 1953, that I last saw the deceased alive on 9/26, 1953, and that death occurred at 11:30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) M D. ADDRESS Easton Md DATE SIGNED 9/27/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 9/29/53 — NAME OF CEMETERY OR CREMATORY Spring Hill — LOCATION (City, town, or county) (State) Easton Md

DATE REC'D BY LOCAL REGISTRAR 9/27/53 — REGISTRAR'S SIGNATURE N. H. Jeffries

24. FUNERAL DIRECTOR C. W. Hampton Caudle — ADDRESS Easton

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BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels
LENGTH OF STAY (in this place) 7 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cherry Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels
STREET ADDRESS (If rural, give location) Cherry St.

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) B (Last) McNeal

4. DATE OF DEATH: (Month) Sept (Day) 4 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED, WIDOWED~~, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH: Dec. 3 1871
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pharmacist
10b. KIND OF BUSINESS OR INDUSTRY: Retail Pharmacy
11. BIRTHPLACE (State or foreign country): Easton MD
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jonathon B McNeal
14. MOTHER'S MAIDEN NAME: Mary Valiant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Wm E. Valiant St. Michaels Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

153X
Immediate cause (a) cachexia, starvation — Interval between onset and death: 6 wks
DUE TO
Antecedent cause(s) (b) carcinoma colon c — 1 yr
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c) metastasis

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-4, 1953 to 9-4, 1953, that I last saw the deceased alive on 9-4, 1953, and that death occurred at 5 45 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) MD ADDRESS St Michaels Md. DATE SIGNED 9-5-53

23. BURIAL, ~~CREMATION REMOVAL~~ (Specify): Burial
DATE THEREOF Sept 7, 1953
NAME OF CEMETERY OR CREMATORY Springhill Cemetery
LOCATION (City, town, or county) Easton (State) Maryland

DATE REC'D BY LOCAL REG. Sept 5-1953
REGISTRAR'S SIGNATURE Mrs Robt L. Seth
24. FUNERAL DIRECTOR S. Hamilton Harrison ADDRESS St. Michaels Md.

RECEIVED
SEP 9 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH: COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-St. Michaels; LENGTH OF STAY (In this place) 1 wk; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna. COUNTY Bucks; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newtown; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Paul (Middle) (Last) Medary

4. DATE OF DEATH: (Month) Sept. (Day) 30 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: May 15 1876

9. AGE last birthday: 77 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher

10b. KIND OF BUSINESS OR INDUSTRY: Education

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Milton Bennett Medary

14. MOTHER'S MAIDEN NAME: Mary E. Cregar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY No.: 171-22-5429

17. INFORMANT AND ADDRESS: Mrs. Catherine M. Norton

18. MEDICAL CERTIFICATION: Washington St. Easton, Md

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Myocardial Infarction — Interval Between Onset and Death: 6 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic cardio vascular d. — 2

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. asthma, chronic

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-22, 1953, to 9-30, 1953, that I last saw the deceased alive on 9-30, 1953, and that death occurred at 4:10 A m., from the causes and on the date stated above.

SIGNATURE: Thomas Reese (Degree or title) M D — ADDRESS: St Michaels Md — DATE SIGNED: 10-1-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct 3 53 — NAME OF CEMETERY OR CREMATORY: West Laurel Hills — LOCATION (City, town, or county) (State): Phila. Penna.

DATE REC'D BY LOCAL REG.: Oct 1, 1953 — REGISTRAR'S SIGNATURE: Mrs Robert Pratt

24. FUNERAL DIRECTOR: W. Frampton Caudle — ADDRESS: Easton Md.

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A18

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 2 Yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 31 S. Aurora

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE New Jersey COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Atlantic City
STREET ADDRESS (If rural give location) 303 N. Indiana, Ave.

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) (Last) Pollard

4. DATE OF DEATH: (Month) 9 (Day) 14 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 4-27-75
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Cook
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Virginia 4
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H. Pollard
14. MOTHER'S MAIDEN NAME: Ann Pollard

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 150-07-8731
17. INFORMANT & ADDRESS: Mrs Nannie Pollard Easton, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443x

Immediate cause (a) Hypertensive Cardio Vascular Dis. — Interval Between Onset And Death: yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized Art Sel — yrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1, 1953, to 9-14, 1953, that I last saw the deceased alive on 9-13, 1953, and that death occurred at 8:00 a.m., from the causes and on the date stated above.

SIGNATURE W H Buell (Degree or title) Md ADDRESS Easton Md DATE SIGNED 9-15-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9-16-53
NAME OF CEMETERY OR CREMATORY Pleasantville Cem
LOCATION (City, town, or county) Atlantic City (State) N.J.

DATE REC'D BY LOCAL REGISTRAR 9/15/53
REGISTRAR'S SIGNATURE N. H. Neerie
24. FUNERAL DIRECTOR James B. Dashiell ADDRESS Easton, Md.

RECEIVED
SEP 21 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 35
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
STREET ADDRESS (If rural give location) 8 South Hanson St

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) (Last) Reynolds

4. DATE OF DEATH: (Month) 9 - (Day) 29 - (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: May 16, 1869
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Seamstress
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr Thomas J Reynolds
14. MOTHER'S MAIDEN NAME: Mary Carman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 1 (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Jane Schultz Neece (Easton Md)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1

Immediate cause (a) Myocardial infarction — Interval Between Onset And Death: 4 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary Occlusion — 4 days

DUE TO

(c) Arteriosclerosis, generalized — ?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 , to ..., 19....., that I last saw the deceased alive on 9/29, 1953, and that death occurred at 5:30 pm, from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 10/2/53 NAME OF CEMETERY OR CREMATORY Spring Hill LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REGISTRAR 9/30/53 REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR [signature] ADDRESS Easton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

RECEIVED
OCT 7 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 25 minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Anne
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Grasonville, Md
STREET ADDRESS (If rural give location) Box 156

3. NAME OF DECEASED: (Type or Print) (First) Arthur (Middle) Lee (Last) Rogers
4. DATE OF DEATH: (Month) 9 (Day) 12 (Year) 1953
5. SEX: M
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 11-5-52
9. AGE last birthday: 10 months
IF UNDER 1 YEAR: Months 10 Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Willie Lee Rogers
14. MOTHER'S MAIDEN NAME: Rosa Wilson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Willie Lee Rogers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bilateral Pneumonia — Interval Between Onset And Death: 30 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Cerebral Edema (T107²) — ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dehydration, Acidosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-12, 1953, to 9-12, 1953, that I last saw the deceased alive on 9-12, 1953, and that death occurred at 8 40 PM, from the causes and on the date stated above.

SIGNATURE John E Barbutt (Degree or title) MD ADDRESS 214 Dover St Easton Md DATE SIGNED 9-15-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9/14/53
NAME OF CEMETERY OR CREMATORY Richards
LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REGISTRAR 9/13/53
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR James B. Darbiell ADDRESS Easton, Md.

20X2173362

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 21 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY TALBOT; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL-EASTON; MARYLAND; LENGTH OF STAY (in this place) 33 YRS; HOSPITAL OR INSTITUTION OR STREET ADDRESS NONE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY TALBOT; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL-EASTON; STREET ADDRESS (If rural, give location) CHAPEL ROAD

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
FOR	MARY	CHALL	SEPT. 17 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FEMALE	WHITE	WIDOWED	OCT. 28 1878	74 yrs.	10	11		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	DOMESTIC	PENNA.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ISAAC W. SMITH	UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO NONE	NONE	ANN E. SICK, EASTON, R. 4, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary Sclerosis	6 mo.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Generalized Arteriosclerosis	yrs.
	(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Pernicious Anemia	yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 1, 1948, to Sept 17, 1953, that I last saw the deceased alive on Sept 16, 1953, and that death occurred at 9:40 a m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS		DATE SIGNED
W. F. Buell	M.D.	Easton	Md	Sept 17-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	SEPT 19 53	HILLSBORO CEMETERY	HILLSBORO, MARYLAND

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/18/53	M. R. Nevitt	Wilkinson-Linthicum & Easton, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 19da
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ridgely
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Leila (Middle) (Last) Sculley

4. DATE OF DEATH (Month) Sept (Day) 25 (Year) 1953 3:15 am

5. SEX: Female
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: June 10 1882
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Hse
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Mr George Tull
14. MOTHER'S MAIDEN NAME: Sallie Anna Collins

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Mr John Sculley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

465X

Immediate cause (a) Pulmonary embolus
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Thrombosis rt. leg
DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19.., to ....., 19...., that I last saw the deceased alive on ....., 19...., and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE Edward C. H. Schmidt (Degree of title) M.D. ADDRESS Easton Memorial Hosp. DATE SIGNED 25 Sept 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept 27 53
NAME OF CEMETERY OR CREMATORY Ridgely Md
LOCATION (City, town, or county) Ridgely (State) Md

DATE REC'D BY LOCAL REGISTRAR 9/26/53
REGISTRAR'S SIGNATURE N. H. Neerie
24. FUNERAL DIRECTOR J. V. Moore & Son
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECD
1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
STREET ADDRESS (If rural give location) 124 Pleasant St.

3. NAME OF DECEASED: (Type or Print) (First) Wesley (Middle) (Last) Smothers
4. DATE OF DEATH: (Month) 9 (Day) 14 (Year) 1953
5. SEX: M
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 9-25-89
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Feel Mill
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Samuel Smothers
14. MOTHER'S MAIDEN NAME: Martha Poffey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Susie Smothers (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of lung, Right — Interval Between Onset And Death 8 month

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Lung abscess

19a. DATE OF OPERATION: Sept 14, 1953
19b. MAJOR FINDINGS OF OPERATION Inoperable carcinoma of lung c̄ abscess
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19.., to ....., 19.., that I last saw the deceased alive on ....., 19.., and that death occurred at 8:15 pm, from the causes and on the date stated above.

SIGNATURE Arthur B. Cole (Degree or title) M.D. ADDRESS Easton, Md. DATE SIGNED Sept 15 53

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial DATE THEREOF 9/16/53 NAME OF CEMETERY OR CREMATORY Richards LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REGISTRAR 9/15/53 REGISTRAR'S SIGNATURE N. H. Neerius 24. FUNERAL DIRECTOR James B. Darkiell ADDRESS Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 21 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09397

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 33
LENGTH OF STAY (in this place) 3 da 40 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hosp. 30

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 33
STREET ADDRESS (If rural give location) 314 Goldsboro Street

3. NAME OF DECEASED: (Type or Print) (First) Oliver (Middle) Wood (Last) SPICER

4. DATE OF DEATH: (Month) 9 (Day) 13 (Year) 1953 2:20 am

5. SEX: M.
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 8-7-79
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Real Estate
11. BIRTHPLACE (State or foreign country): Delaware 07
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Mr Elijah Spicer
14. MOTHER'S MAIDEN NAME: Eliza O'Bier

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Mrs Annie E Spicer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 446X

Immediate cause (a) Uremia
DUE TO

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last. (b) Nephrosclerosis
DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to Sept. 13, 1953, that I last saw the deceased alive on ....., 19....., and that death occurred at 2:20 A, from the causes and on the date stated above.

SIGNATURE (Degree or title) Pathologist, M.D. ADDRESS Easton Memorial Hosp. DATE SIGNED 25 Sept 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9/16/53
NAME OF CEMETERY OR CREMATORY Hill Crest
LOCATION (City, town, or county) Federalsburg (State) Md

DATE REC'D BY LOCAL REGISTRAR 9/14/53
REGISTRAR'S SIGNATURE N.H. Neeries
24. FUNERAL DIRECTOR J J Frampton Jr on Federalsburg Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 30 1953
BUREAU V. S.

Item 8 - Film G158 - 9/15/53 - mmb

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09398

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Easton 33
LENGTH OF STAY (in this place) 18 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital 30

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 00-01-4
STREET ADDRESS (If rural give location) 4208 Powell Ave.

3. NAME OF DECEASED: (Type or Print) (First) Olin (Middle) Tootee (Last) Todd.
4. DATE OF DEATH: (Month) Sept. (Day) 2 (Year) 1953

5. SEX: Male.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 10-2-88
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Operator - Transit Co
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr Tottee S. Todd
14. MOTHER'S MAIDEN NAME: Cora Carey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-10-1038
17. INFORMANT & ADDRESS: Mrs Elsie Todd - Balto Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

600.0

Immediate cause (a) Chronic pyelonephritis — Interval Between Onset And Death: Cr

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) uraemia — 2 wks.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-15, 1953, to 9-2, 1953, that I last saw the deceased alive on 1 Sept, 1953, and that death occurred at 12.45 Am. from the causes and on the date stated above.
SIGNATURE Newton Harrison (Degree or title) M.D. ADDRESS Easton Maryland DATE SIGNED 2 Sept 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9-5-53
NAME OF CEMETERY OR CREMATORY Hill Crest
LOCATION (City, town, or county) Federalsburg (State) Md
DATE REC'D BY LOCAL REGISTRAR 9/3/53
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR J J Frampton Son Federalsburg ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 9 1953
BUREAU V. S.